PTO/SB/01 (10-01)
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Patent and Trademark Office. LLS DEPARTMENT OF COMMERCE

		U.S.	Patent and Trademark Office: U	S. DEPARTMENT OF COMMERCE
DECLARAT	TION FOR	Attorney Docket No.:	BE60144	
UTILITY O	R DESIGN	First Named Inventor:	RÖDER et al.	
PATENT APP			COMPLETE IF KNOW	V
(37 CFR	R 1.63)	Application Number:		
[X] Declaration	Declaration	Filing Date:		
Submitted OR With initial	Submitted after Initial Filing	Art Unit:		
Filing	(Surcharge (27 CFR 1.16(e)) required	Examiner Name:		
As the below named inven	itor, I hereby declare tha	ıt:		
My residence, mailing addn	ess, and citizenship are sta	ted below next to my name.		
I believe I am the original ar	nd first inventor of the sub	ject matter which is claimed a	nd for which a patent is sou	ght on the invention entitled:
	MI	XED CATALYTIC COMPO (Title of the Invention)		
the specification of which [X] is attached hereto,				
And was amended on [] (if applicabl			•
I hereby state that I have review specifically referred to above.	ed and understood the conten	ts of the above identified specifica	tion, including the claims, as am	ended by any amendment
		rial to patentability as defined in 3's f the prior application and the nation		uation-in-part applications, material late of the continuation-in-part
certificate(s), or 365(a) of any P	CT international application we box, any foreign application is	hich designated at least one count for patent, inventor=s or plant breed	ry other than the United States of	inventor=s or plant breeder=s rights f America, listed below and have also PCT international application having a
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? YES NO
102 56 084.6 PCT/EP03/13222	Germany PCT	November 29, 2002 November 25, 2003	[]	[] [X] [] [] [] []
[] Additional foreign	application numbers are lis	sted on a supplemental priority	data sheet PTO/SB/02B att	ached hereto:

[Page 1]

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		DECLARATION - Utility o	r [)esigi	n Patent Ap	plication
	Direct all corre	spondence to: [] Customer Number or Bar Code Lab	el [] or [X] Corre	spondence address below
	Name:	MICHAEL P. DILWORTH				
	Address:	CROMPTON CORPORATION				-
	City:	BENSON ROAD, MIDDLEBURY,		State: C	ONNECTICUT	Zip: 06749
	Country:	United States of America		Telepho	one: 203-573-3313	Fax: 203-573-2261
1	be true; and fur	that all statements made herein of my own knowledge are ther that these statements were made with the knowledge to both, under 18 U.S.C. 1001 and that such wilful false statements.	that v	vilful false	statements and the lik	e so made are punishable by fine or
i	NAME OF SO	LE OR FIRST INVENTOR:	[]	A petition	n has been filed for th	s unsigned inventor
~ 1	Given Name (first and middl					Family Name or Surname RÖDER
. [Inventor=s Sign	nature: (m 5 Rō WY			Date: O	212112005
:	Street: Schloß	Sstrasse 37			Country: GERMANY	Citizenship: GERMAN
<u> </u>	Mailing Addres	is:				<u></u>
[City: Frankfur	t/Main DEY		State	Zip 60486	(- · ·
1	NAME OF SE	COND INVENTOR:	[]	A petition	n has been filed for the	s unsigned inventor
ا م	Given Name (first and middl					Family Name or Surname KAPRIES
00 [Inventor=s Sign	nature: Andrea Plapnies		,	Date: OQ	121/2005
	Street: Schütt	wall 33			Country: GERMANY	Citizenship: GERMAN
1	Mailing Addres	s:				
(City: Herbern	- DEV		State	Zip 59387	
1	NAME OF TH	IIRD INVENTOR:	[]	A petition	n has been filed for thi	s unsigned inventor
	Given Name (first and middl	· · · · · · · · · · · · · · · · · · ·			E .	Family Name or Surname NORDHORN
)° [1	Inventor=s Sign	lature: Th. Months			Date: 02	151/5002
	Street: Ginster	weg 7	•		Country: GERMANY	Citizenship: GERMAN
1	Mailing Addres	s:		, ,	1	
	City: Kamen	. DEX		State	Zip 59174	
1	[] Additional	inventors are being named on the supplemental Ac		nal Invent	or(s) sheet(s) PTO/SE	/02A attached hereto

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Direct all correspondence to: [] Customer Number or Bar Code La	abel [] or [X] Corre	spondence address below
Name: MICHAEL P. DILWORTH				
Address: CROMPTON CORPORATION				
City: BENSON ROAD, MIDDLEBURY,		State: C	ONNECTICUT	Zip: 06749
Country: United States of America		Telepho	ne: 203-573-3313	Fax: 203-573-2261
I hereby declare that all statements made herein of my own knowledge at be true; and further that these statements were made with the knowledge imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false sthereon.	e that w	ilful false	statements and the lil	ke so made are punishable by
NAME OF FOURTH INVENTOR:	[]	A petitio	n has been filed for th	is unsigned inventor
Given Name (first and middle [if any]) Johannes				Family Name or Surname CANISIUS
Inventor=s Signature:			Date:	02/21/200
Street: Am Hain 24			Country: GERMANY	Citizenship: GERMAN
Mailing Address:				
City: Bochum DEY		State	Zip 44787	
NAME OF FIFTH INVENTOR:		A petitio	n has been filed for th	is unsigned inventor
Given Name (first and middle [if any])				Family Name or Surname
Inventor=s Signature:			Date:	
Street:			Country: GERMANY	Citizenship: GERMAN
Mailing Address:				
City:		State	Zip	
NAME OF SIXTH INVENTOR:	[]	A petition	n has been filed for th	is unsigned inventor
Given Name (first and middle [if any])				Family Name or Surname
Inventor=s Signature:			Date:	
Street:			Country: GERMANY	Citizenship: GERMAN
Mailing Address:				
City:		State	Zip	

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT Title							
ATTORNEY OR AUTHORIZATION OF AGENT Title: Stabilizer System for Stabilizing Halogen-Containing Polymers Group Art Unit: Examiner Name: Attorney Docket Number: BE60144 Thereby appoint:] Practitioners at Customer Number] → [Place Customer Number Bar Code Label here] OR [X] Practitioner(s) named below: NAME REGISTRATION NUMBER Michael P. Dilworth 37,311- Daniel Reitenbach 30,970. Kenneth D. Tremain 20,518 As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therevith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or CROMPTON CORPORATION			Application Number				
AUTHORIZATION OF AGENT Title: Stabilizer System for Stabilizing Haloger-Containing Polymers Group Art Unit: Examiner Name: Attorney Docket Number: BE69144 Ihereby appoint: Practitioners at Customer Number	POWER	OF					··
ACUTHORIZATION OF AGENT Group Art Unit: Examiner Name: Attorney Docket Number: BE60144	ATTORNE	Y OR	First Named Inventor:				
Examiner Name: Attorney Docket Number: Practitioners at Customer Number Place Customer Number Bar Code Label here OR	AUTHORIZ	ATION	Title:			Stabilizer Syster Containing Poly	n for Stabilizing Halogen- mers
Examiner Name: Attorney Docket Number: BE60144	OF AGE	INT	Group Art Unit:			\ 	
Thereby appoint:			Examiner Name:				
Practitioners at Customer Number Place Customer Number Bar Code Label here			Attorney Docket Number	r:	•••	BE60144	
Michael P. Dilworth Daniel Reitenbach Sany/ord Kenneth D. Tremain As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or Individual Name: Address: Benson Road Address: Middlebury State CT Zip: 06749 Country: United States of America Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	[] Practitioners at Cu OR		[] → [Place Custon	mer N	Number Ba	ar Code Label h	ere []
Daniel Reitenbach 30,970.		NAME				REGISTRATIO	ON NUMBER
As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] [X] Firm or Individual Name: Address: Benson Road Address: Benson Road Address: Middlebury State CT Zip: 06749 Country: United States of America Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Michael P. Dilwo	orth					
As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] [X] Firm or Individual Name: Address: Benson Road Address: Middlebury State CT Zip: 06749 Country: United States of America Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Daniel Reitenbac	h			30,970	L	
And Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Customer Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or Individual Name: Address: Benson Road Address: Benson Road Address: Middlebury State CT Zip: 06749 Country: United States of America Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Kenneth D. Tremain				20,518		
Address: Benson Road Address: Middlebury State CT Zip: 06749 Country: United States of America Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	and Trademark Office core Please change the corre Number OR [] Practitioners at Cus	nected therewith. espondence addi	ess for the above-identified	d appl	lication to	:[] The above	e-mentioned Customer
Address: Middlebury State CT Zip: 06749 Country: United States of America Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				N			
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Telephone: 203-573-3313 Fax: 203-573-2261 I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: 02/21/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address:	Middlebur	y	Sta	te	CT	Zip: 06749
I am the: [X] Applicant/Inventor. [] Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name: Johannes Canisius Signature: Date: O2/21/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country:	United Sta	tes of America				
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Name: Signature: Date: 02121/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	[X] Applicant/Inventor [] Assignee of record	d of the entire in) is enclosed.
Signature: Date: 02/21/2005 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		SIG	NATURE of Applicant or	Assig	gnee of R	ecord	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name:	Johan	nnes Canisius	//	//	/、	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature:		1.1		(-9		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date:	02.1	21/2005				
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		Application Number			l	
POWER C	Æ	Filing Date:	-			
ATTORNEY		First Named Inventor:			RÖDE	R et al.
ATTORNET		Title:			Stabilizer S	System for Stabilizing Halogen-
OF AGEN		Group Art Unit:				5.2.7
OI HOEH		Examiner Name:				.,
		Attorney Docket Numb	er:	-	BE6014	4
I hereby appoint: [] Practitioners at Custo OR [X] Practitioner(s) named	l below:	r [] → [Place Custo	omer N	umber B		
	NAME		_			ATION NUMBER
Michael P. Dilwort	h			37,311		
Daniel Reitenbach				30,970		
Kenneth D. Tremai	n			20,518		
Individual Name:		ON CORPORATIO	N			
Address: E	Benson Ro	oad				
Address: N	/liddlebur	у	State	e	CT	Zip: 06749
		tes of America				
Telephone: 2	03-573-3	313	Fax:	:	203-57	3-2261
I am the: [X] Applicant/Inventor. [] Assignee of record o (Form PTO/SB/96)		nterest. See 37 CFR 3.71.				.73(b) is enclosed.
Name:	Tons	Dädor				
Signature:	Jens	Röder 7			·lv	
Date:			ns	100	,,,,,	
	1 02 1	21/2005				
NOTE: Signatures of all the inmultiple forms if more than o	nventors or as ne signature is	signees of record of the entire required, see below*.	interest	or their r	epresentative	e(s) are required. Submit
[X]* Total of four (4) fo	rms are subn	nitted.				

-		Application Number			
DOWED O	IP.	Filing Date:		-	
POWER O		First Named Inventor:	··········	RÖDER et	ol .
ATTORNEY	_	Title:			for Stabilizing Halogen-
AUTHORIZAT				Containing Polymo	
OF AGENT	Γ	Group Art Unit:			
		Examiner Name:			
		Attorney Docket Number:		BE60144	
I hereby appoint: [] Practitioners at Custom OR [X] Practitioner(s) named b		[] → [Place Custome	r Number	Bar Code Label here	e []
	NAME			REGISTRATION	NUMBER
Michael P. Dilworth			37,31	1	
Daniel Reitenbach		****	30,97	0	
Kenneth D. Tremain			20,51	8	
Number OR [] Practitioners at Custome OR [X] Firm or CF	dence addr	ess for the above-identified a [] → [Place Customer ON CORPORATION	· -		
Individual Name:		,			
	nson Ro			I com	7: 06540
	iddlebury		tate	CT :	Zip: 06749
		es of America		1000 550 000	
Telephone: 20	3 - 573-33	313 F	ax:	203-573-226)1
I am the: [X] Applicant/Inventor. [] Assignee of record of t (Form PTO/SB/96)		terest. See 37 CFR 3.71. Stat ATURE of Applicant or As			s enclosed.
Name:	Andr	ea Kapries			
Signature:	/h./	llapries	1		
Date:	Jugarea				
	signature is		rest or their	representative(s) are r	required. Submit

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT First Named Inventor: RÖDER et al.	: Patent
ATTORNEY OR AUTHORIZATION OF AGENT First Named Inventor: RÖDER et al.	: Patent
ATTORNEY OR AUTHORIZATION OF AGENT Title: Stabilizer System for Stabilizing Hale Containing Polymers	: Patent
AUTHORIZATION OF AGENT Group Art Unit: Examiner Name: Attorney Docket Number: I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [: Patent
Examiner Name: Attorney Docket Number: Description Description	s Patent
Attorney Docket Number: BE60144 I hereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [] OR [X] Practitioner(s) named below: NAME	s Patent
Thereby appoint: [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [OR [X] Practitioner(s) named below: NAME	s Patent
[] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here [OR [X] Practitioner(s) named below: NAME	s Patent
Michael P. Dilworth 37,311 Daniel Reitenbach 30,970 Kenneth D. Tremain 20,518 As my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Pa and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: [] The above-mentioned Custor Number OR [] Practitioners at Customer Number [] → [Place Customer Number Bar Code Label here] OR [X] Firm or Individual Name: Address: Benson Road Address: Middlebury State CT Zip: 06749	-
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Individual Name: Address: Benson Road Address: Middlebury State CT Zip: 06749	
Address: Middlebury State CT Zip: 06749	
	9
Country: United States of America	
Telephone: 203-573-3313 Fax: 203-573-2261	
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Name:	
Name: Thorsten Nordhorn	-
Signature: The March	
Date: 02/21/2005	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. [X]* Total of four (4) forms are submitted.	

Partie 3

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